

ment algorithms based on expert opinion. **METHODS:** This study uses the Delphi method to reach experts' consensus on the clinical practices currently being used in Turkey. Delphi method has been widely used in medical areas where empirical data is scarce. The survey developed for this study includes questions to understand the clinical resource use in order to calculate the associated costs. Although the panelists' answers are unlikely to change after the second iteration according to the literature, a three-iteration panel was needed to reach a consensus in practice. The consensus is then used to calculate the cost of an episode of care for genital warts (GW), CIN 1, CIN 2/3, different cervical cancer stages from the payer's perspective. **RESULTS:** TDP-HPV included a total of 10 experts, including gynecologists, dermatologists and a medical oncologist. The cost of a GW episode of care is approximately USD 263.58 to the government. CIN 1 cases are only treated if the disease persists for 2 years, which happens in about 5% of cases. The cost of a CIN 1, CIN 2/3 episode of care is calculated as USD 127, USD 262 to the government, respectively. The cervical cancer (CC) stages are divided into local CC, regional CC, and distant CC. The costs associated with these states are USD 1,340, USD 4,345, and USD 8,150. **CONCLUSIONS:** Early diagnosis and treatment is crucial from the cost perspective too as a more severe disease costs more. GWs are sometimes left out when HPV-related diseases are considered. However, this study mentions that GW presents a serious burden to the society.

## PCN74

# COSTS OF HER 2 NEGATIVE, HORMONAL RECEPTOR POSITIVE, METASTATIC BREAST CANCER (MBC-HR+) TREATED WITH EVEROLIMUS (EVE) + EXEMESTANE (EXE) IN THE BRAZILIAN PRIVATE SYSTEM (BPS): A REAL WORLD (RW) AND PUBLISHED LITERATURE ANALYSIS

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**OBJECTIVES:** EVE in association with aromatase inhibitor was recently approved by ANVISA (Brazilian Regulatory Agency) for MBC-HR+ patients. EVE redefines the role of endocrine therapy in MBC-HR+ reversing endocrine resistance. The aim of this study is to determine the costs associated to the introduction of EVE + EXE for the Brazilian private system population. **METHODS:** A previous study from real-world (RW) data between 2011-12 (large private database of medical claims for chemotherapy (CT), Evidencias Database) and published data identified MBC-HR+ patients and evaluated costs of treatments and adverse events (AEs), by a micro-costing approach. Patients were divided into three groups, according to metastasis: bone exclusive (B), Visceral exclusive (V) and Bone plus Visceral (BV). For this study the financial impact of the adoption of EVE+EXE was calculated in this population, based on the previous findings. Direct medical costs of EVE, hormones, CT, hospitalization, supportive care, radiation, monitoring and AEs were considered. A cohort of 100 patients with MBC-HR+ was simulated in a decision tree to obtain the costs for each group and the mean cost/ patient. Costs were estimated in 2013 Brazilian Real (R\$). **RESULTS:** RW data showed the following distribution of patients: B 38%, V 42% BV 20%. Lengths of treatment (months) were B 25.1-30, V 16.1; BV 14-19.6. Mean costs/patient/group, before EVE+EXE adoptions, were B R\$135.744 (US\$67,872), V R\$129.079 (US\$64,539) and BV R\$117.172 (US\$58,568). If EVE+EXE substituted 80% or 50% of the current treatments, the incremental percentage of costs would be B (5%; -9%), V (5.7%; -16%) and BV (22%; 14%). Costs with AEs were at least 50% lower with the use of EVE+EXE. **CONCLUSIONS:** EVE adoption in association with EXE may be cost saving for some groups of MBC-HR+ patients. For other groups, the incremental cost is not superior to 22%.

## PCN75

# ESTIMATED COSTS OF HER2-POSITIVE METASTATIC BREAST CANCER FOR PATIENTS INITIATING AN ORAL ANTICANCER TREATMENT: RESULTS FROM A FRENCH PROSPECTIVE OBSERVATIONAL STUDY

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**OBJECTIVES:** To assess the cost of HER2-positive (HER2+) metastatic breast cancer (mBC) for patients initiating an oral anticancer treatment (OAT) from the perspective of the French National Health Insurance (NHI). **METHODS:** A prospective observational multicenter study was conducted among 284 HER2+ mBC patients treated by 68 oncologists initiating a treatment containing an OAT between March 2011 and February 2012. Costs data were available for 199 patients. Clinical characteristics, treatment patterns, quality-of-life, adherence and health care resources data were collected. Health care resource use data on hospitalization, medical consultation, drug and radiation-therapy were reported by oncologists at treatment initiation and after each 3-month period during a 9 months maximum period. Cost estimations were based on unit costs from national databases (French Diagnosis Related Group cost database and NHI database for drug unit cost). **RESULTS:** A total of 109 patients (55%) received an OAT only and 90 (45%) received oral and intravenous (IV) drugs. Thirty patients (15%) were treated with radiation therapy and 43 patients (22%) with hormonal-therapy in addition to chemotherapy. The overall average cost of management per patient was 28,482€ ± 14,914 for all patients, 19,412€ ± 9,462 for patients with an OAT only and 39,467€ ± 12,770 for patients with oral and IV drugs. Drug costs were 27,669 € ± 14,976 and they represented 97% of the total hospital cost of management (hospitalizations, consultations and drugs). **CONCLUSIONS:** This prospective observational study conducted among HER2+ mBC patients shows that the route of drug administration has an impact on treatment costs. Nevertheless, the study design does not allow concluding that OAT were associated with lower costs and cost savings. These finding however warrants further exploration within the context of micro-costing studies from the hospital and community perspective in order to better understand the health care resources used that are required to manage patients treated with OAT.

## PCN77

# INPATIENT HOSPITAL COSTS OF FEBRILE NEUTROPENIA (FN) AS A CONSEQUENCE OF CHEMOTHERAPY (CHT) FOR BREAST CANCER (BC) AND NON-HODGKIN LYMPHOMA (NHL) IN SWITZERLAND

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**OBJECTIVES:** FN can be a serious complication of CHT, increasing mortality risk and health care costs. Incidence and inpatient hospital costs of FN in Switzerland are currently not reported; therefore this study aimed to: 1. Estimate the number of FN-related hospitalizations. 2. Assess inpatient hospital costs per FN event in Switzerland. **METHODS:** The main data source was MedStat, a comprehensive database of all Swiss hospitalizations from 1997-2010. BC and NHL cases were identified from ICD-10-GM codes. Hospitalizations for FN were identified by a simultaneous code of BC or NHL and neutropenia. Incident cases of cancer were identified as patients treated in 2010 for the first time since 2002. Results were compared to data from the Foundation National Institute for Cancer Epidemiology and Registration (NICER). Cost data stems from the cantonal hospital of Winterthur. **RESULTS:** Using MedStat data, 645 male and 557 female NHL patients and 6391 female BC patients were hospitalized in 2010 for the first time. Corresponding annual incidence data from NICER were 780 male and 688 female NHL patients and 5'388 female BC patients. The proportion of hospitalizations due to FN was 8.2% (190/2'311) among male and 6.0% (123/2'063) among female NHL patients, and was 2.6% (255/9'650) among female BC patients. In-hospital mortality of FN cases was 9.5% for men and 5.7% for women with NHL, and 4.3% for BC. Median inpatient treatment costs for an FN event were CHF 8'399 (mean: CHF 14'006) in NHL and CHF 4'208 (mean: CHF 10'020) in BC. Nursing time was the most important cost component and length of stay was the most important driver of total inpatient cost. **CONCLUSIONS:** 3% to 8% of all hospitalizations in NHL and BC patients were due to FN. Our results suggest that FN leads to considerable risk of death and incurs high in-hospital care cost in Switzerland.

## PCN78

# COST ASSESSMENT OF METASTATIC AND NON-METASTATIC CASTRATION-RESISTANT PROSTATE CANCER PATIENT-MANAGEMENT IN SPAIN

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**OBJECTIVES:** To compare annual management costs of castration-resistant prostate cancer (CRPC) patients at high risk of developing bone metastases (BM) versus those that already had BM in Spain. **METHODS:** An expert panel of 5 urologists and 3 oncologists from Spanish health centres was asked to estimate the mean annual resource use in the management of non-metastatic CRPC patients and in the first, second and subsequent years after developing BM. Hospital resources were stratified into four major categories: 1) general resources [medical visits, diagnostic and monitoring procedures, hospital admission and surgeries], 2) hormone therapy, 3) chemotherapy and 4) analgesic treatments. The last three categories included: drug costs, adverse event (AE) management-costs and pre-medication costs. Skeletal-related events (pathological fracture, radiation or surgery to bone and spinal cord compression) often suffered by BM patients were excluded from the analysis as Spanish cost-related data had recently been published. Unit costs (€, 2013) for each identified resource were obtained from a national cost-database. **RESULTS:** Total management-related annual costs for non-metastatic CRPC patients were €2,691.57; €978.51 were hormone therapy drug costs, €11.10 analgesics costs and €243.55 AE management costs. No chemotherapy was administered in these patients. Annual management cost for BM patients was €6,000.37 the first year, €14,468.35 the second year and €14,313.87 in subsequent years. Hormone therapy drug costs accounted for €946.67, €948.13 and €948.13 in the first, second and subsequent years, while chemotherapy costs accounted for €1,892.21 (32.2%); €9,485.41 (66.2%) and €9,143.92 (64.4%), respectively. Analgesic costs increased from €597.29 (first year) to €915.16 and €1,031.20 (second and subsequent years) and AE management costs increased from €595.63 (first year) to €758.58 (second year) and €732.14 (subsequent years). **CONCLUSIONS:** CRPC patients with BM had higher management costs than non-metastatic patients especially after the first year of treatment, which was mainly due to chemotherapy drug costs.

## PCN79

# ECONOMIC BURDEN OF TOXICITIES ASSOCIATED WITH ADVANCED MELANOMA TREATMENTS IN FRANCE, ITALY, THE NETHERLANDS, AND SPAIN

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**OBJECTIVES:** Little is known about costs of managing adverse events (AEs) associated with currently-available therapies in advanced melanoma. This study identifies and estimates the costs of these AEs in France (FR), Italy (IT), The Netherlands (NL), and Spain (ES). **METHODS:** A comprehensive literature search was conducted to identify common grade 3/4 AEs from product labels and published phase II/III advanced melanoma studies in PubMed, conference abstracts, and European treatment guidelines. Resource utilizations for the management of each type of AE in typical inpatient/outpatient treatment setting were determined via in-depth interviews with 5 melanoma clinicians in each country. Outpatient and inpatient 2012 costs were then estimated for each type of AE by applying country-specific tariffs, except in Spain where costs were obtained from government database or best published sources. **RESULTS:** Most frequent grade 3/4 AEs associated with chemotherapies included neutropenia, vomiting, and anemia. Vemurafenib was commonly associated with cutaneous squamous cell carcinoma (CSCC)/keratoacanthoma, rash, and